

215040930
62965

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 149	Agency Case No. B5-093251	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		(In Military Time) TIME OF ACCIDENT 1948	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1950	10/07/2015	
B 74	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 511 Surfside Dr		PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE	
C 3	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		240.00		X		N curb of West S St
V1/M 09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02088878		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	ELLA M BARBEE		PHONE	402-470-3564	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/17/1955	
G 2	OWNER	THEODORE A BARBEE		PHONE	402-470-3564	
V1/O 2	VEHICLE	2011	Buick	Regal	4 door Sedan	silver / chrome
V2/O 2	VEHICLE ID NO. (VIN)	2G4GN5EC3B9209611		INSURANCE COMPANY	State Farm	
I 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 6	DRIVER	Legally Parked; Unattended		PHONE		
V2/P 8	OWNER	BENJAMIN A GRADY		PHONE	402-580-3296	
J 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 3	LICENSE PLATE NO.	13994		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 3	VEHICLE	2005	Mercury	Grand Marquis	4 door Sedan	green
K 10	VEHICLE ID NO. (VIN)	2MEFM74W95X652645		INSURANCE COMPANY	AAA	
		TOWED TO	TOWED BY	POLICY NO.	21931565	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093251



Indicate
North
by Arrow



POI: 239' 8 N of N curb of West S St
485' E of E curb of NW 16th St

NO SKIDS

To: NW 16th St

511 Surfside Dr

530 Surfside Dr

West S St.

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness reported observing vehicle #1 driving 'erratically' westbound on O St at approx Capitol Beach Blvd, crossing lane lines, straddling lane lines and swerving within its own lane. Witness followed veh #1 as it turned northbound onto NW 15th St, still continuing to swerve, until it entered the Lakeview Park Apts. Witness watched as veh #1 swung wide, striking veh #2, as veh #1 attempted to park across from veh #2.

Witness stayed on location until Ofc arrived. Ofc contacted the def as the driver and lone occupant of the vehicle, with the engine still running. The def was found to be intoxicated, testing a .277

Damage on veh #1 matched that of damage to veh #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Mina M Ortiz 212 College Ave, York, NE 68467				PHONE 402-710-3062
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1	X				511 Surfside Dr														
2			X		511 Surfside Dr														
1	05				06 Turning left	POINT OF IMPACT	08	POINT OF IMPACT	06										
2	10				08 Entering traffic lane	MOST DAMAGED AREA	08	MOST DAMAGED AREA	06										
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other											
				<div style="display: flex; justify-content: space-around;"> <div>02 03 04</div> <div>01 05</div> </div>															
				<div style="display: flex; justify-content: space-around;"> <div>08 07 06</div> <div>01 05</div> </div>															

OFFICER NO. 1586	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Robert Martin		INVESTIGATOR SIGNATURE Approved by Robert Martin	DATE OF REPORT 10/07/2015